

## APPLICATION TO INSTALL ROOFING AND/OR SIDING ONLY

## Please fill out completely all applicable areas – Please use ink <u>ELECTRICAL PERMIT ALSO REQUIRED FOR SIDING JOBS</u> THIS SECTION FOR OFFICIAL USE ONLY

BUILDING PERMIT NUMBER:	DATE ISSUED:
SIGNATURE:PEF BUILDING OFFICIAL	RMIT FEE:
PROPERTY ADDRESS:	
OWNER'S NAME:	CYCNATIVINE
	SIGNATURE
OWNER'S ADDRESS:	PHONE:
ESTIMATED COST:N	MAP:LOT:
HISTORIC DISTRICT: YES NO	ZONING DISTRICT:
<u>RC</u>	OOFS
TYPES OF MATERIAL TO BE USED: ASPH	ALT CEDAR OTHER:
NUMBER OF SQUARES WILL NEW R	
SIDE	CWALL CONTRACTOR OF THE PROPERTY OF THE PROPER
TYPE OF MATERIAL TO BE USED:SHINGI NUMBER OF SQUARES: ELECTE	
CONTRACTOR	R INFORMATION PHONE:
ADDRESS:	
CONSTRUCTION SUPERVISOR LICENSE #	
HOME IMPROVEMENT CONTRACTOR #	EYP DATE:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

## Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

working for me in any capacity. (No workers comp. Insurance 5.   We are a corporation and its required.)   We are a corporation and its   12.   Roof repairs	Addre			Please Print Le			
City/State/Zip:		(Business/Organization/Individu	ıal):				
City/State/Zip:		ss:					
Are you an employer? Check the appropriate box:    I am an employer with	City/S				_		
1.	Are you	an employer? Check the appropriat	e box:	Type of project (require	ed):		
employees (full and/or part time)*		I am an employer with	4. □			New Construction	
Size of the attached sheet.++		employees (full and/or part time)*			7. 🗆	Remodeling	
ship and have no employees workers' comp. Insurance.   10.       Electrical repairs or additivorking for me in any capacity. (No workers comp. Insurance   5.     We are a corporation and its   12.   Roof repairs   Roof repairs   12.     Roof repairs   13.   Other:							
working for me in any capacity. (No workers comp. Insurance 5.   We are a corporation and its required.)   We are a corporation and its   12.   Roof repairs	2. □				9. 🗖		
(No workers comp. Insurance required.)				workers' comp. Insurance.		Electrical repairs or additions	
required.)  officers have exercised their right of exemption per MGL  13.  Other:						Plumbing repairs or additions	
required.)  officers have exercised their right of exemption per MGL  13.  Other:		(No workers comp. Insurance	5. □	We are a corporation and its	12. □	Roof repairs	
I am a homeowner doing all   work myself. (No workers' comp.   employees. (No workers'   comp. Insurance required.)		required.)		officers have exercised their		_	
work myself. {No workers' comp. insurance required.}+ employees. {No workers' comp. Insurance required.}  *Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  +Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such the contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers' comp. Policy information  I am an employer that is providing workers' compensation insurance for my employees. Below is a policy and job site information.  Insurance Company Name:  Policy # or Self-Ins. Lic. #:		•		right of exemption per MGL	13. 🗆	Other:	
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Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).  Failure to secure coverage as required under Section 25A of MGL.c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER AND A FINE OF UP TO \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DI for Insurance coverage verification.  I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.  Signature:	Insuran	nce Company Name:					
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true and correct. Signature: Date: Phone #:	Attach	a copy of the workers' compensa	tion poli	cy declaration page (showing th	ne nolicy n	umber and expiration	
Signature: Date: Date:	date). Failure \$1,500.0 \$250.00 for Insu	00 and/or one-year imprisonment, as we a day against the violator. Be advised rance coverage verification.	ell as civil that a cop	of MGL.c. 152 can lead to the impose penalties in the form of a STOP WOD by of this statement may be forwarded	sition of crin RK ORDER I to the Offic	minal penalties of a fine up to R AND A FINE OF UP TO se of Investigations of the DIA	
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City or Town: Permit/License # Issuing Authority (circle one):	date). Failure \$1,500.0 \$250.00 for Insu I do h true a Signat Phone	00 and/or one-year imprisonment, as we a day against the violator. Be advised trance coverage verification.  Dereby certify under the pains and correct.  Ture:  E #:  Official use only. Do not write	ell as civil that a cop	a of MGL.c. 152 can lead to the impose penalties in the form of a STOP WOD by of this statement may be forwarded enalties of perjury that the impose the perjury that the perjury t	sition of crir RK ORDER I to the Offic nformation	minal penalties of a fine up to R AND A FINE OF UP TO the of Investigations of the DIA on provided above is the official.	
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1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector	date). Failure \$1,500.0 \$250.00 for Insu I do h true a Signat Phone	00 and/or one-year imprisonment, as we a day against the violator. Be advised trance coverage verification.  Dereby certify under the pains and correct.  Ture:  E #:  Official use only. Do not write	ell as civil that a cop	a of MGL.c. 152 can lead to the impose penalties in the form of a STOP WOD by of this statement may be forwarded enalties of perjury that the impose the perjury that the perjury t	sition of crir RK ORDER I to the Offic nformation	minal penalties of a fine up to R AND A FINE OF UP TO the of Investigations of the DIA on provided above is the official.	
5. Plumbing Inspector 6. Other	date). Failure \$1,500.0 \$250.00 for Insu I do h true a Signat Phone	00 and/or one-year imprisonment, as we a day against the violator. Be advised trance coverage verification.  Nereby certify under the pains and correct.  ture:  Official use only. Do not write ity or Town:  suing Authority (circle one):	ell as civil that a cop	a of MGL.c. 152 can lead to the impose penalties in the form of a STOP WOD by of this statement may be forwarded enalties of perjury that the instance.  Date:	sition of crir RK ORDER I to the Office Information	minal penalties of a fine up to R AND A FINE OF UP TO be of Investigations of the DIA on provided above is an official.	
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Contact Person: Phone:	date). Failure \$1,500.0 \$250.00 for Insu I do h true a Signat Phone	00 and/or one-year imprisonment, as we a day against the violator. Be advised trance coverage verification.  Dereby certify under the pains and correct.  Ture:  Efficial use only. Do not write ity or Town:  suing Authority (circle one):  1. Board of Health  2. Buil	ell as civil that a cop	A of MGL.c. 152 can lead to the impose penalties in the form of a STOP WOD by of this statement may be forwarded enalties of perjury that the instance of perjury	sition of crir RK ORDER I to the Office Information	minal penalties of a fine up to R AND A FINE OF UP TO be of Investigations of the DIA on provided above is an official.	